

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

28204 7590 07/02/2007

**SIEMENS SCHWEIZ AG**  
**1-47, INTELLECTUAL PROPERTY**  
**ALBISRIEDERSTRASSE 245**  
**ZURICH, CH-8047**  
**SWITZERLAND**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**Ann. Hickey** (Depositor's name)  
**Ann Hickey** (Signature)  
**September 20, 2007** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/680,122	10/08/2003	Sergio Parolari	2001P83138WOUS	4573

**TITLE OF INVENTION:** METHOD OF LINK ADAPTATION IN ENHANCED CELLULAR SYSTEMS TO DISCRIMINATE BETWEEN HIGH AND LOW VARIABILITY

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/02/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
TORRES, JUAN A	2611	375-295000

09/20/2007 HNGUYEN2 00000129 502464 10680 22

01.FC:1501 1400.00 DA  
 02.FC:1504 300.00 DA  
 03.FC:0001 6.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.14. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 2

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502464 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*John P. Musone*

Date **SEPTEMBER 20, 2007**

Typed or printed name

**JOHN P. MUSONE**

Registration No. **44,961**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FACSIMILE COVER SHEET****PRIVILEGED AND CONFIDENTIAL**

TO: Mail Stop Issue Fee  
Commissioner for Patents  
Alexandria, VA 22313

FROM: Ann Hickey, IP Specialist  
[ann.hickey@siemens.com](mailto:ann.hickey@siemens.com)

Fax No.: 571-273-2885

Fax No: 407-736-6440  
Phone: 407-736-7064

DATE: September 20, 2007

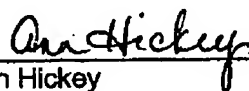
Number of Pages including cover page: 3

Re: **10/680,122** filing date: 10/08/2003  
Attorney Docket No.: 2001P83138WOUS  
Issue Fee Date Due: 10/02/2007  
Paper Dated: September 20, 2007  
The required fees have been authorized to be charged to Deposit Account 502464.

**Certification of Transmision under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office to the attention of: Mail Stop ISSUE FEE at Fax Number 571-273-2885 on September 20, 2007.

Facsimile Cover Sheet (1 pg.)  
PTOL-85 PART B-FEE(S) TRANSMITTAL (2 pgs., original + 1 copy)

  
Ann Hickey

The information contained in this facsimile message may contain attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us. Thank you.

**Siemens Corporation**

Legal and Intellectual Property  
Department

4400 Alafaya Trail  
Orlando Florida 32826

Tel: 407-736-2472  
FAX: 407-736-6440